


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000849

1. Entity Name
THE SHELP FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
10310 SOUTH OCEAN DRIVE, #708 **10310 SOUTH OCEAN DRIVE, #708**
JENSEN BEACH, FL 34957 **JENSEN BEACH, FL 34957**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282006 Chg LP CR2E003 (11/05)

4. FEI Number 65-0429116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHELP, ROBERT H 10310 SOUTH OCEAN DRIVE #708 JENSEN BEACH, FL 34957		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G83228000141	STREET ADDRESS	
NAME	THE ROBERT H SHELP INTERVIVOS DECLARATION	CITY - ST - ZIP	
STREET ADDRESS	10310 SOUTH OCEAN DRIVE #708		U00000487921 04/14/06-80015-003-500.00
CITY - ST - ZIP	JENSEN BEACH, FL 34957		
DOCUMENT #	G93228000140	STREET ADDRESS	
NAME	THE MARTHA W SHELP INTERVIVOS DECLARATION	CITY - ST - ZIP	
STREET ADDRESS	10310 SOUTH OCEAN DRIVE #708		
CITY - ST - ZIP	JENSEN BEACH, FL 34957		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to substitute this report as required by Chapter 623, Florida Statutes

SIGNATURE: *Robert H. Shelp* Robert H. Shelp 3-21-06 772-229-5713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #